

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$904.00 for dates of service, 03/07/01 & 08/01/01.
- b. The request was received on 03/07/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. HCFA 1500
    2. EOB(s)
  - b. Additional documentation requested on 06/12/02 and received on 06/19/02
    1. TWCC 60 for another claimant
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA(s)
  - c. Medical Audit summary/EOB/TWCC 62 form
  - d. Copy of request for reconsideration, dated 02/14/02
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/00. The carrier representative did not signed for the copy; therefore, all documentation submitted by the Requestor and Respondent will be considered.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement
2. Respondent: No position statement

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review 03/07/01 & 08/01/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$904.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as "F REIMBURSEMENT PER STUDY NOT PER NERVE." and "A THE TREATMENT/SERVICE BILLED REQUIRES PREAUTHORIZATION ACCORDING TO CHAPTER 134. THE HEALTH CARE PROVIDER DID NOT REQUEST PREAUTHORIZATION. PREVIOUS EMG DONE ON 03/07/01."
5. The Requestor has billed using modifier "76", which indicates the services are repeat procedures by the same physician.
6. Per the Requestor's Table of Disputed Services, the amount in dispute is \$904.00 for services rendered on the date of service in dispute above.
7. The Provider's request for reconsideration letter, dated 02/14/02, states "On 07-18-01 as per our staff member... conversation with ..., the adjuster, she authorized verbally the EMG/NCV procedure of the left upper extremity as reasonable and necessary because EMG/NCV of the shoulder/left upper extremity was needed at that time prior to rendering an impairment rating on the patient and declaring her MMI... Please reconsider payments for the EMG/NCV of the left upper limb because it was reasonable and medically necessary."
8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/07/02	95935 76	\$184.00	\$0.00	F	\$53.00	TWCC Rule	The Requestor has not submitted a copy of medical documentation to support services as billed; therefore, no reimbursement is recommended.
08/01/01	95860 76	\$176.00	\$0.00	A	\$113.00	134.600 (h)	
08/01/01	95900 76	\$180.00	\$0.00	A	\$64.00/nerve	(6); MGR	
08/01/01	95904 76	\$180.00	\$0.00	A	\$64.00/nerve	(IV); CPT	
08/01/01	95935 76	\$184.00	\$0.00	A	\$53.00	Descriptor	
<b>Totals</b>		\$904.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 1st day of October 2002.

Denise Terry

Medical Dispute Resolution Officer

Medical Review Division

DT/dt